

**MAXIMUS Federal Services, Inc.**  
**4000 IH 35 South, (8th Floor) 850Q**  
**Austin, TX 78704**  
**Tel: 512-800-3515 ♦ Fax: 1-877-380-6702**

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**Notice of Independent Review Decision**  
**Reviewer's Report**

**DATE OF REVIEW:** AUGUST 24, 2012

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

80 hours of a chronic pain management program.

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION**

M.D., Board Certified in physical medicine and rehabilitation and pain management.

**REVIEW OUTCOME**

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- |   |                                  |
|---|----------------------------------|
| <input checked="" type="checkbox"/> Upheld    | (Agree)                          |
| <input type="checkbox"/> Overturned           | (Disagree)                       |
| <input type="checkbox"/> Partially Overturned | (Agree in part/Disagree in part) |

The requested 80 hours of a chronic pain management program is not medically necessary for treatment of the patient's medical condition.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

1. Request for a Review by an Independent Review Organization (IRO) dated 8/6/12.
2. Confirmation of Receipt of a Request for a Review by an IRO dated 8/6/12.
3. Notice of Assignment of IRO dated 8/6/12.
4. Letters from MD dated 6/28/12, 7/5/12 and 8/8/12.
5. Enrollee medical records from the Clinic dated 3/6/12 through 6/19/12.
6. Behavioral evaluation performed by MA, LPC dated 6/21/12.
7. Enrollee medical records from Hospital dated 3/10/09 through 3/26/09.
8. Enrollee medical records from MD dated 4/1/09 through 3/5/10.
9. Enrollee x-ray films dated 6/26/09 through 10/25/10.
10. Denial documentation.

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a male who sustained an injury on xx/xx/xx when he fell off scaffolding. Radiographs of the right foot performed on xx/xx/xx revealed an intra-articular joint depression type right calcaneus fracture. CT of the cervical spine performed on xx/xx/xx revealed no acute fracture or malalignment. There were multiple small lucencies scattered throughout the vertebral bodies that may represent hemangiomas, multiple myeloma, or metastatic disease. CT of the chest/abdomen/pelvis performed on xx/xx/xx revealed a Chance type fracture of L1. There was 50% loss of height of L1 with 14 degrees of kyphosis. CT of the foot performed on xx/xx/xx revealed an extensively comminuted calcaneal fracture with intra-articular extension to both the posterior and anterior facets. There was minimal depression at the lateral margin of the posterior facet. There was a medial talar dome osteochondral defect without subchondral collapse. Radiographs of the right hand performed on xx/xx/xx revealed non-displaced acute to sub-acute radial and ulnar styloid chip fractures. There was a right fourth distal phalanx inclusion granuloma. MRI of the lumbar spine performed on xx/xx/xx revealed a L1 vertebral body fracture with associated spinal cord contusion, ligamentous injury, and epidural hematoma. The patient underwent a T12-L2 arthrodesis with L1 laminectomy and open reduction of the L1 Chance fracture on xx/xx/xx. CT of the thoracic spine performed on 3/20/09 revealed posterior fusion from T12 through L2 affixing Chance fracture at L1 with L1 laminectomy in satisfactory position. There was partial restoration of loss of body height and improving retropulsion.

The patient underwent open reduction and internal fixation of his displaced right intra-articular calcaneus fracture and debridement of peroneus longus tendon tear on 4/7/09. The patient completed three sessions of individual psychotherapy from 6/12/12 through 6/19/12. The patient was seen for a behavioral evaluation on 6/21/12. The mental status exam revealed the patient was cooperative, friendly, and open. There was no apparent expressive language difficulty. The patient was coherent with normal speech patterns. His mood was anxious with congruent affect. The patient's movements were slow and deliberate. The patient appeared to be in significant pain. There was no evidence of hallucination or delusion. The patient denied homicidal or suicidal ideation. The patient rated his pain at 6 out of 10. The PAIRS score was 65, indicating a moderate range of impairment. His Beck Depression Inventory (BDI) score was 29, indicating severe depression. His Beck Anxiety Inventory (BAI) score was 23, indicating moderate anxiety. Treatment to date has included physical therapy, surgical intervention, steroid injections, oral analgesics, and antidepressant medications. The patient was recommended for participation in a multidisciplinary chronic pain management program. A request for participation in a chronic pain management program was denied the Carrier on 7/5/12, as there was no literature to support extensive psychological treatment in the absence of functional restoration. An appeal letter dated 7/5/12 states the patient had chronic pain, functional deficits, and a secondary depressive reaction. The note states the patient did not have the pain and stress management skills to adequately function in the presence of constant pain. The patient was recommended for a chronic pain management program to address the psychological component of his injury, achieve clinical MMI, return to gainful employment, and achieve case resolution. A request for 80 hours of a chronic pain management program was denied on 8/1/12 by the Carrier. The Carrier's denial is the subject of this review.

### **ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.**

The clinical documentation provided for review does not support the request for a modified chronic pain management program for 80 hours. The patient has been recommended for a chronic pain management

program to address the psychological components of his chronic pain, which are felt to be impacting his functional ability. The clinical documentation provided for review does not support that the patient has exhausted reasonable attempts at more conservative treatment, including individual psychotherapy. Additionally, the patient is only documented to have attended three sessions of individual psychotherapy. Current evidence based guidelines recommend that patients exhaust all lower levels of care prior to entry into a chronic pain management program. The Official Disability Guidelines (ODG) state that a chronic pain management program is warranted when “[p]revious methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement.” There is also no indication that the patient would substantially improve functionally to meet the required physical demand levels for his job, with only participating in the psychological component of a chronic pain management program. As the clinical documentation does not support the medical need for the requested service per guideline recommendations, the prior denials were appropriate and should be upheld. Therefore, I have determined the requested 80 hours of a chronic pain management program is not medically necessary for treatment of the patient’s medical condition.

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**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

- ☐ ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- ☐ AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- ☐ DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- ☐ EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- ☐ INTERQUAL CRITERIA
- ☒ MEDICAL JUDGMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- ☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- ☐ MILLIMAN CARE GUIDELINES
- ☒ ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES  
OFFICIAL DIABILITY GUIDELINES: PAIN CHAPTER.
- ☐ PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- ☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- ☐ TEXAS TACADA GUIDELINES
- ☐ TMF SCREENING CRITERIA MANUAL
- ☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- ☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)